

REMARKS

Applicants submit this Response to the final Office Action dated March 16, 2009. Applicants submit a two-month extension of time and associated fee herewith. The Commissioner is hereby authorized to charge any other fees that may be required or to credit any overpayment to Deposit Account No. 02-1818. If such a withdrawal is made, please indicate the Attorney Docket No. EIS-5909F (1417G P 982) on the account statement.

Claims 1 to 28 are pending. In response, Claims 1, 8 to 10, 13 to 15, 17, 18, 23 and 24 have been amended and Claims 16 and 20 have been canceled. The amendments add no new matter and are supported in Applicants' specification at, for example, page 6, line 28 to page 7, line 2; page 9, lines 18 to 21; page 12, lines 15 to 21; page 16, lines 14 to 18; .

In the Office Action, Claims 1 to 9, 11, 13 to 21 and 23 to 25 were rejected under 35 U.S.C. §102(e) as being anticipated by US Patent Publication No. 2002/0038392 to De La Huerga ("*De La Huerga*"). Claims 1 to 9, 11, 13 to 21 and 23 were rejected under 35 U.S.C. §103(a) as being unpatentable over *De La Huerga* further in view of US Patent Publication No. 2003/0084024 to Christensen et al. ("*Christensen*"). Claim 10 was rejected under 35 U.S.C. §103(a) as being unpatentable over *De La Huerga* further in view of Examiner's Official Notice, and also being unpatentable over *De La Huerga* in view of *Christensen* and further in view of Examiner's Official Notice. Claims 12, 22, 26 and 28 were rejected under 35 U.S.C. 103(a) as being unpatentable over *De La Huerga* in view of US Patent Publication No. 2003/0105806 to Gayle et al. ("*Gayle*"). Claims 12 and 22 were rejected under 35 U.S.C. 103(a) as also being unpatentable over *De La Huerga* in view of *Christensen* and further in view of *Gayle*. Claim 27 was rejected under 35 U.S.C. 103(a) as also being unpatentable over *De La Huerga* in view of legal precedent as cited in MPEP 2144.04 parts B (Making Integral). Applicants respectfully traverse these rejections for at least the reasons provided below.

Regarding the anticipation rejection of Claims 1 to 9, 11, 13 to 21 and 23 to 25, *De La Huerga* fails to disclose or suggest a healthcare system for a care-giving facility, comprising a plurality of medical devices, a portable remote user interface, and a hub connected to (i) the plurality of medical devices and (ii) a first central computer, a central validation computer, or a central validation portion of a central computer as required, in part, by amended independent Claims 1, 15, 18 and 24.

Applicants have found that by providing a separate hub connected to a plurality of medical devices, the hub can cost-effectively centralize communications from the medical devices as well as allow for the retrofitting of existing medical devices to the patient care system that do not currently communicate with the central computer system. See, Applicants' specification, page 7, lines 10 to 13. FIG. 3 below illustrates hub 107 for multiple medical devices 120.

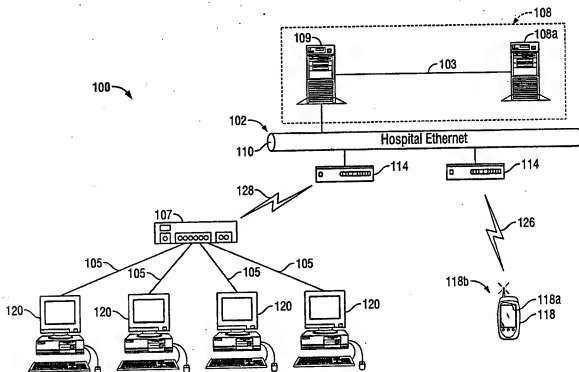


FIG. 3

The hub 107 receives signals from the connected pumps 105 and regenerates the received signals, for example, by converting signals from pumps 120 into a format suitable for transmission onto the system network 102 via wireless communication path 128 and cable communication system 110. See, Applicants' specification, page 7, lines 20 to 22. Moreover, a plurality of access points 114 provide an interface between wireless communication paths 128 and cable communication system 110 such that pumps 120 can transmit data, via hub 107 and access points 114, to network 102 and vice versa. See, Applicants' specification, page 8, lines 21 to 32. As a results, hub 107 is configured to route information from the plurality of pumps 120 to the access point 114, which in turn routes the information to the first central computer 109

via system 110. See, Applicants' specification, page 16, lines 14 to 18. First central computer 109, in turn, communicates with second central computer or server 108a through a separate communication system 103. This separate communication system can be configured to be a point-to-point isolated cable communication Ethernet network. See, Applicants' specification, page 9, lines 7 to 10. As a result, computers 108a and 109 can have a bi-directional flow of information, while hub 107 can only send and receive information through first central computer 109.

In contrast to independent Claims 1, 15, 18 and 24, *De La Huerga* fails to teach or suggest a plurality of medical devices, a portable remote user interface, and a hub connected to the plurality of medical devices, the hub connected to a first central computer, a central validation computer, or a central validation portion of a central computer. Instead, *De La Huerga* teaches a first central computer, a user interface, and a pump unit as part of one single "pump" 100. The distinction between the claims and *De La Huerga* is highlighted by the very figure of *De La Huerga* cited in the Office Action, namely FIG. 17 (shown below) that teaches a pump unit 108 (medical device), an infusion controller 103 (first computer), a keyboard/interface 106 (user interface) and a display 123 (user interface) as all part of a single "pump" 100. See, Office Action, page 3, lines 1 to 5.

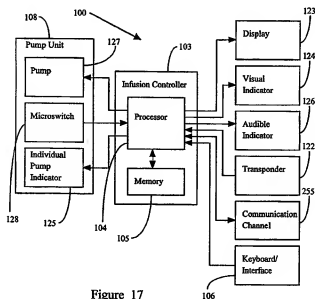


Figure 17

The Office Action also cites FIG. 26, shown below, as evidence against the claims, asserting that elements 100a and 100b serve as first central computers of the healthcare system that communicate with a second computer 260.

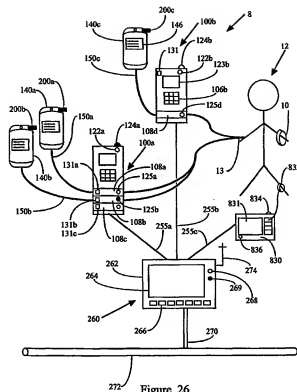


Figure 26

However, elements 100a and 100b in FIG. 26 are each the same as pump 100 of FIG. 17 above. Therefore, each pump 100a and 100b still houses a medical device, a user interface and a first computer, which results in each medical device communicating directly with a first computer without connecting through a hub to the first computer. Moreover, by relying on both FIGS. 17 and 26 of *De La Huerga*, both of which teach a user interface built into the pump, the Office Action fails to show where *De La Huerga* teaches a plurality of medical devices separate from and with a portable remote user interface. *De La Huerga* accordingly does not teach or suggest (1) a portable remote user interface or (2) a hub connected to a plurality of medical devices as required by the claims.

The Office Action argues that controller 260 reads on the second central computer of the present claims. If this is taken as true then controller 260 cannot also serve as the hub of the present claims. See, Office Action, page 3, lines 10 to 12. And even if controller 260 is taken to teach the claimed hub, *De La Huerga* would still be deficient because controller 260 does not communicate with a first central computer, which in turn communicates with a second central computer as presently claimed. Therefore, even if controller 260 is taken as the claimed hub, *De*

La Huerga is deficient because the reference fails to disclose a hub connected to a plurality of medical devices and a first central computer, which is connected to a second central computer.

De La Huerga also fails to disclose or suggest a first central computer securely connected to the second central computer, wherein the plurality of medical devices and the portable remote user interface are configured to not communicate directly with the second central computer as required, in part, by amended Claim 1. Here, the first central computer can be configured to hold data and perform functions related to sending and receiving data to and from hubs, medical devices, portable user interfaces and the second central computer, as well as comparing prescription parameters; relaying notifications, messages, alarms and alerts; and compiling pump data. See, Applicants' specification, page 12, lines 4 to 14. Conversely, the second central computer can be configured to interface, for example, with a pharmacy system to provide drug and patient information, and interface with the first computer to provide patient, nurse, clinician and order information. See, Applicants' specification, page 9, lines 24 to 30.

Regarding amended Claim 15, *De La Huerga* likewise fails to disclose or suggest receiving second data from a second database in a second central computer and from a secure connection, wherein the plurality of medical devices and the portable remote user interface are configured to not communicate directly with the second central computer.

Regarding amended Claim 18, *De La Huerga* also fails to disclose or suggest a second central computer having a second database and a secure connection with a central validation computer, wherein the plurality of medical devices and the portable remote user interface are configured to not communicate directly with the second central computer. Regarding amended Claim 24, *De La Huerga* also fails to disclose or suggest a second non-validation portion of a central computer having a second non-validation portion of the database and a second functional feature set, wherein the plurality of medical devices and the portable remote user interface are configured to not communicate directly with the second non-validation portion of the central computer.

The Office Action once again cites FIGS. 17 and 26 as evidence of the first and second computers, the user interface, and the medical device of independent Claims 1, 15, 18 and 24. See, Office Action, page 3, lines 16 to 20. However, as established above, *De La Huerga* fails to teach a portable remote user interface, let alone a portable remote user interface that does not communicate directly with the second central computer or second non-validation portion of the

central computer of the present claims. By again relying on both FIGS. 17 and 26 of *De La Huerga*, both of which arguably teach a user interface built into a pump that includes a medical device and first computer, the Office Action fails to provide evidence that *De La Huerga* teaches a plurality of medical devices along with a portable remote user interface. While FIGS. 17 and 26 of *De La Huerga* therefore may illustrate a “pump” 100 having a user interface and pump unit that communicate with an infusion controller that, in turn, communicates with an exterior controller through a communication controller, the user interface in *De La Huerga* is still within the pump, rather than being portable and remote as required by the claims.

Applicants therefore request that the anticipation rejection of Claims 1 to 9, 11, 13 to 21 and 23 to 25 in view of *De La Huerga* be withdrawn.

Regarding the obviousness rejection of Claims 1 to 9, 11, 13 to 21 and 23 in view of *De La Huerga* and *Christensen*, Applicants submit that *Christensen* does not remedy the deficiencies of *De La Huerga* described above. *Christensen* is directed to a method and system of integrating databases for an educational institution supports the transfer of data between multiple databases in an efficient and accurate manner. See, *Christensen*, Abstract. Being unrelated to the medical industry, *Christensen* does not disclose or suggest a plurality of medical devices as required by the claims, let alone a hub connected to the plurality of medical devices or a plurality of medical devices and a portable remote user interface that do not communicate directly with a second central computer or second non-validation portion of the central computer, as required by the claims.

Christensen is cited merely to show a first and second database that are able to work in a coordinated manner in which the second database reflects or contains the same information as the first database (see, Office Action, page 16, lines 15 to 17). This teaching, even if presumed to be true, does not remedy the deficiencies of *De La Huerga* explained in detail above.

Regarding the rejection of Claim 10 as obvious over *De La Huerga* in view of Official Notice, Applicants respectfully submit that Claim 10 is in condition for allowance for the same reasons as independent Claim 1. Regarding the Official Notice, Applicants respectfully traverse the notion that connecting medical devices to computers wirelessly was common, old, and well known to someone of ordinary skill at the time the invention was made. Applicants note that the Office Action does not include any evidence to support the Official Notice. Regarding the obviousness rejection of Claims 12, 22, 26 and 28 in view of *De La Huerga*, *Christensen* and

Gayle, Applicants submit that Claims 12, 22, 26 and 28 are in condition for allowance for the same reasons as independent Claims 1, 18 and 24. *Gayle*, like *Christensen*, is unrelated to the medical industry, as it is directed to a system for automating communications between clients and service providers. See, *Gayle*, Abstract.

Applicants therefore request that the obviousness rejections of Claims 1 to 23 and 26 be withdrawn.

For the foregoing reasons, Applicants respectfully submit that the present application is in condition for allowance and earnestly solicit reconsideration of same.

Respectfully submitted,

K&L GATES LLP

BY 

Robert W. Connors
Reg. No. 46,639
Customer No. 29200

Dated: August 13, 2009